Deposition Of:
Harold Orr, M.D.

December 4, 2017

Russell Pitkin and Mary Pitkin
vs.
Corizon Health, Inc.; et al.

Case No.: 3:16-cv-02235-AA

exactly when that patient is going to be released, if they ever are going to be released. In jails, you never know when a person is leaving. They come in one day, they are gone the next. They come in one day, they are there for months. It used to be that they were only there for 18 months, in Alameda county. And then AB 109 passed, and now it says that -- this is -- do I need to -- I probably don't.

Q. I think I understand.

A. Okay.

Q. Can we agree that while they are at the jail, the clinician is responsible for the patient until they leave the jail?

MS. TALCOTT: Object to the form.

THE WITNESS: The clinician or clinicians that are available at the site are responsible for the clinical care rendered by physicians or midlevels.

BY MR. COLETTI:

Q. Let's talk about opiate withdrawal.

A. Okay.

Q. Under what circumstances can opiate withdrawal become lethal?

MS. TALCOTT: Object to the form.

THE WITNESS: Opiate withdrawal --

MS. TALCOTT: Actually, Doctor, wait.

Are you asking him for his expert opinion or just in his practice? He's not an expert in this case --

MR. COLETTI: In his practice --

BY MR. COLETTI:

Q. What were you trained?

A. What was I trained about it?

Q. Yes.

A. There's a number of things that can happen, where it would become lethal. A person could go into seizures, have intractable epilepsy, go into status epilepticus; a person could have cardiac arrhythmias; a person could go into kidney failure; a person could go into heart failure. It could precipitate certain brain episodes. It could precipitate possibility of clot abnormalities. There are a lot of things that could potentially lead to an opiate withdrawal, right.

Q. What are the symptoms that cause the number of diagnoses you just rattled off? What causes those, physiologically, with opiate withdrawal?

MS. TALCOTT: Object to the form.

THE WITNESS: Symptoms don't cause. Symptoms are evidence of or signs of. Let's take -- go from a heart attack. A person has got underlying heart disease, the stress of going through withdrawals

triggers coronary things -- they have acute coronary occlusion and they die of a massive heart attack. Or the stress of going through it causes an arrhythmia of the heart, a fatal arrhythmia not sustainable with life and they die. It could be so many things. A person could have an infection that seeds off and goes to the brain or whatever, and cause death. A person could go into -- be severely lacking fluids and could go into kidney failure. There are a lot of things that can cascade to death, in opiate withdrawal.

BY MR. COLETTI:

Q. Let's just talk in the context of -- let's assume there's no cardiac history. Okay?

If left untreated, how does dehydration lead to death?

MS. TALCOTT: Object to the form.

Go ahead.

THE WITNESS: Now, we're talking in opiate withdrawal, or are we talking about dehydration, period?

BY MR. COLETTI:

Q. Let's just talk opiate withdrawal.

MS. TALCOTT: So dehydration --

BY MR. COLETTI:

Q. Let's just -- what are the symptoms of opiate

THE WITNESS: I think -- thinking that that person requires a higher level of care, putting them in the Medical Observation Unit, then there should be some intended orders and/or expectations that she's going to be monitored more closely.

BY MR. COLETTI:

Q. If you've got a patient that you believe requires a higher level of care, and you are unable to obtain a blood pressure, you'd agree -- and I think you have agreed -- that careful and timely assessments are necessary?

MS. TALCOTT: Object to the form. Misstates the evidence.

THE WITNESS: Necessary and -- I mean, that, to me -- what you just described?

BY MR. COLETTI:

Q. Yes.

A. That's a phone call. That's, you know ...

Q. What do you mean?

A. That's -- send them to the ER -- send them to the emergency room.

Q. You wouldn't put them in the MOU?

A. I would not.

Q. That would be an emergency; correct?

MS. TALCOTT: Object to the form.

BY MR. COLETTI:

Q. Go ahead.

A. I have to see the patient, evaluate the patient, and just as you described, if I was there, in that room, and I've got a person I can't get a blood pressure on, then, you know, that person needs to go.

BY MR. COLETTI:

Q. You would send them to the emergency room?

A. Right.

Q. If you can't get a blood pressure on an arm, can you get a blood pressure on an ankle?

MS. TALCOTT: Object to the form.

THE WITNESS: Yes, that's possible.

BY MR. COLETTI:

Q. It's not like you have to disrobe them to check the blood pressure on an ankle; correct?

A. No, but it's -- what is -- again, I have to be there with the patient. What is your technique on getting your blood pressure on that arm?

Q. Sure.

A. Because I can't get the blood pressure on the arm, doesn't mean there's no blood pressure --

Q. Sure.

A. -- it just means, maybe my technique is bad.

Q. Sure.

Dehydration

- Dehydration left untreated may lead to death
- NET – nausea/vomiting
- I & O
- VS – q4hours
- Provider notification
- Suggest lytes/CBC
- House in medical
- IV bolus
- Weights
- Nursing assessment – NET-NET-NET

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Nursing Judgment

- Nurses must always utilize their assessment and decision making skills
- HSA/DON – if staff is concerned about a pt – you need to have eyes on the pt
- Pts with abnormal VS – must have repeats scheduled
- Critical values – immediate action needed
- It is a nursing measure to order VS, weight, I & O

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REPORTER'S CERTIFICATE

I, Suzanne Ricardo, a Certified Shorthand Reporter No. 13659, do hereby certify:

That the foregoing proceedings were taken before me at the time and place herein set forth; that any witnesses in the foregoing proceedings, prior to testifying, were placed under oath; that a verbatim record of the proceedings was made by me using machine shorthand which was thereafter transcribed under my direction; further, that the foregoing is an accurate transcription thereof.

I further certify that I am neither financially interested in the action nor a relative or employee of any attorney of any of the parties.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 12th day of December, 2017.

Suzanne Ricardo

CSR No. 13659